



**MRT**

Moral Reconciliation Therapy™

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# CIBHS EVIDENCE- BASED PRACTICES SYMPOSIUM: MORAL RECONATION THERAPY

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# Moral Reconciliation Therapy

- MRT is a cognitive-behavioral group process that is based on the theory that thoughts, beliefs, and attitudes are the primary determinants of behaviors. MRT is designed to “facilitate a change in the client’s process of conscious decision-making” and “enhance appropriate behavior through development of higher moral reasoning”.
- MRT seeks to move clients from egocentric, hedonistic (pleasure vs. pain) reasoning to levels where concern for social rules and others become important.
- Research of MRT has shown that as clients pass steps, moral reasoning increases in adult and juvenile clients.

# MRT Focus

- Confrontation of beliefs, attitudes, and behaviors
- Assessment of current relationships
- Reinforcement of positive behavior and habits
- Positive identity formation
- Enhancement of self-concept
- Decrease in hedonism
- Development of frustration tolerance
- Development of higher stages of moral reasoning

# Unique Program Attributes

1. Open Ended and Self-Paced
2. Usable across Systems
3. Culturally neutral and encompasses a range of learning styles
4. Utilizes an Inside-Out Process
5. Standardized curriculum provides facilitator structure and accountability
6. Program emphasizes feedback and client reflection
7. Enhances personal problem solving and self-direction
8. Help clients identify their unique strengths

# Conation

- A term derived from the philosopher Rene DeCartes to describe the point where body, mind and spirit are aligned in decision making. Reconation refers to altering the process of how decisions are made.

# Kohlberg's Six Stages of Moral Reasoning

Level 3 (Post-conventional Morality)

**STAGE 6: UNIVERSAL-ETHICAL PRINCIPLES**

**STAGE 5: SOCIAL CONTRACT**

Level 2 (Conventional Morality)

**STAGE 4: THE RULES ARE THE RULES, THE LAW IS THE LAW**

**STAGE 3: INTERPERSONAL CONCORDANCE (APPROVAL  
SEEKING)**

Level 1 (Preconventional Morality)

**STAGE 2: INSTRUMENTAL RELATIVIST (BACKSCRATCHING)**

**STAGE 1: PUNISHMENT AND OBEDIENCE (PAIN VS.  
PLEASURE)**

# Program Goals for MRT

- Decrease high program dropout rates
- Improve program completion rates
- Improve outcomes with minority populations
- Provide integration of programming across the continuum of treatment levels
- Reduction of relapse/recidivism

# ***MRT™ Client Group Process***

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- **• MRT™ typically has groups of 5-15 client participants with one facilitator or co-facilitators where desired.**
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- **• Groups are designed to last approximately one and one half to two hours.**
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- **• Depending on client and site characteristics, groups are usually held at least once or twice weekly.**
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- **• Institutional settings typically have two or more meetings per week with community-based sites having one meeting per week.**
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- **• Clients in MRT typically prepare step exercises and tasks prior to group attendance and process their exercises in group or exercises are given to the facilitator for review and approval.**

# ***MRT™ Client Group Process***

- • MRT is designed to be completed by the average client in 20-30 sessions.
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- • Completion is defined when the client successfully passes MRT's 12th Step.
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- • MRT is specifically designed for clients with open-ended groups where participants can enter at any time and work at their own pace.
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- • MRT can be used at any point in an client's treatment, but it is most often used as a re-entry tool.
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- • Participants enter ongoing groups at any time, begin the treatment process, and process exercises and tasks sequentially as part of the ongoing group process. This procedure facilitates the change process, enhances the group process, and allows for continuation of ongoing groups.

# Why MRT Works

- The delivery of MRT is both highly structured and directive, which gets clients engaged and keeps them on track.
- Achievements of each step in the program are clearly understood and client progress can be documented at every stage of the program.
- Clients quickly establish ownership of their participation in the program because the program emphasizes feedback and client reflection. Each step in the program involves completing specific assignments and reporting on how they completed the step.

# Why MRT Works

- The program is culturally neutral and gender sensitive.
- Standardized curriculum and facilitator training ensures consistent program delivery and quality assurance.
- Finally, MRT is extremely cost-effective compared to other programs.



# NREPP

Included in SAMHSA's  
National Registry of  
Evidence-based  
Programs and Practices

**Moral Reconciliation Therapy (MRT®) was selected for inclusion on the National Registry of Evidence-based Programs and Practices (NREPP) sponsored by the Substance Abuse and Mental Health Services Administration in 2008.**

**NREPP is an on-line registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. The registry was created to assist the public in identifying approaches to preventing and treating mental and/or substance use disorders that have been scientifically tested and that can be readily disseminated to the field.**

**NREPP is one way that SAMHSA is working to improve access to information on tested interventions and thereby reduce the lag time between the creation of scientific knowledge and its practical application in the field.**

# **A Meta-Analysis of Moral Reconciliation Therapy**

**by Myles Ferguson and J. Stephen Wormith**

**This study reports on a meta-analysis of moral reconciliation therapy (MRT). Recipients of MRT included adult and juvenile offenders who were in custody or in the community, typically on parole or probation. The study considered criminal offending subsequent to treatment as the outcome variable. The overall effect size measured by the correlation across 33 studies and 30,259 offenders was significant ( $r = .16$ ). The effect size was smaller for studies published by the owners of MRT than by other independent studies.**

**International Journal of Offender Therapy and Comparative Criminology,  
2012, XX(X) 1–31.**

# **A Meta-Analysis of Moral Reconciliation Therapy**

**by Myles Ferguson and J. Stephen Wormith**

**It was statistically significant with potential for substantial social significance ..... The current meta-analysis is consistent with studies which show that MRT is effective in reducing recidivism. In our view, it warrants serious consideration by any correctional agency that has designs to influence the antisocial and criminal attitudes, behavior, and lifestyle of its clientele. We also encourage more detailed, descriptive, and analytic research on this meritorious mode of offender treatment.**

# Virginia Adult Drug Treatment Courts Cost Benefit Analysis

The multilevel analysis of the determinates of in-program recidivism (i.e., offenses committed while the participant was under the jurisdiction of their drug court) indicates that participants who participate in drug court programs that utilize Moral Reconciliation Therapy (MRT) have a significantly lower probability of in-program recidivism than similar participants from programs that do not use this treatment approach.

Excerpted from *Virginia Adult Drug Treatment Courts Cost Benefit Analysis: October 2012* by Fred L. Cheesman, Ph.D., Tara L. Kunkel, MSW, et. al., National Center for State Courts, Williamsburg, VA.

# **Virginia Adult Drug Treatment Courts Cost Benefit Analysis**

## **Overall Conclusions**

- The 12 drug courts investigated have a robust and sustained impact on the recidivism of participants over and above that of the “business-as-usual” alternatives. Further, the lower recidivism rate of drug court participants relative to “business-as-usual” processing leads to lower outcome and victimization costs, along with lower placement costs, result in average savings of almost \$20,000 per drug court participant, relative to the cost of “business-as-usual” processing. Consequently, the 12 drug courts are cost-effective.

**Excerpted from Virginia Adult Drug Treatment Courts Cost Benefit Analysis: October 2012 by Fred L. Cheesman, Ph.D., Tara L. Kunkel, MSW, et. al., National Center for State Courts, Williamsburg, VA.**

# Virginia Adult Drug Treatment Courts Cost Benefit Analysis

Results from these analyses also suggest that drug court programs that incorporate MRT are more effective at reducing the incidence and frequency of post-exit recidivism than drug court programs that do not.

## Factors that Predict In-Program Recidivism

Factor	Interpretation
Having pre-program felony convictions <sup>***</sup>	Pre-program felonies increase the odds of in-program reoffending. Odds of in-program reoffending for a participant with at least one pre-program felony conviction are 271% percent higher than the odds for an otherwise similar offender with no prior felonies.
Age <sup>***</sup>	Every year of age decreases the odds of in-program reoffending. Every year of age decreases the odds of in-program reoffending by 6%.
Using MRT in the program <sup>†</sup>	The odds of in-program reoffending for participants of drug courts that employ MRT are significantly less the odds for similar participants from drug courts that do not employ MRT. The odds of committing in-program offenses for participants of drug courts that employ MRT are 65% less than the odds for similar participants from drug courts that do not employ MRT.
Dismissing the placement charges if a defendant graduates from drug court <sup>†</sup>	The odds of in-program reoffending for participants from drug courts that drop charges for graduates are significantly higher than the odds for similar participants from drug courts that do not drop charges for graduates. The odds of in-program reoffending for participants from drug courts that drop charges for graduates are 146% higher than the odds for similar participants from drug courts that do not drop charges for graduates.

<.001<sup>\*\*\*</sup> <.01<sup>\*\*</sup> <.05<sup>†</sup>

# TRAUMA

Breaking The Chains of Trauma:  
A Cognitive-Behavioral Workbook  
For Trauma Informed Care

# What is Trauma?

- According to SAMHSA's Trauma and Justice Strategic Initiative, "trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being."

# What is Trauma Informed Care?

# Trauma-Informed Care is...

- An **understanding** of what trauma is and how it effects people's outlook and behavior.
- A **manner** of interacting with clients with the assumption that they have experienced trauma. This ensures that all communication is less likely to trigger a negative response in clients while at the same time conveying safety, care and respect.
- **Agency wide**. From the front office staff, the social workers to the janitors.

## Trauma-Informed Care Asks

“What has *happened* to you?”

Instead of

“What is *wrong* with you?”

# Trauma-Informed Treatment

1. Establishes a safe environment
  2. Uses strengths and empowers
  3. Builds healthy coping skills
  4. Supports the development of healthy relationships
  5. Identifies all needs and works to address them
- (either directly or by referral)

# Trauma-Informed Services

“Understanding, anticipating, and responding to the issues, expectations, and special needs [that each trauma-survivor may have]. At minimum, trauma-informed services should endeavor to do no harm...”

# Viewing Symptoms as Protective Skills

- A TIC model frames symptoms as adaptation, rather than as pathology
- Every symptom helped a survivor in the past and continues to help in the present – in some way
- Emphasizes resilience in human response to stress
- Reduces shame
- Engenders hope for clients and providers alike

# Tips for Building Resilience

- Develop a core set of beliefs that nothing can shake
- Try to find meaning in whatever stressful or traumatic thing that happened
- Try to maintain a positive outlook
- Take cues from someone who is especially resilient
- Don't run from things that scare you: Face them

# Trauma Specific Therapies

- Vary in Approaches and Objectives
- Some are present focused, some are past focused, and some are combinations

# Present- focused Approaches

- Primarily address current coping skills, psychoeducation, and management of symptoms for better functioning
- May reveal some of their stories
- Appropriate for clients in short- term treatment, clients in early recovery from mental illness and/ or substance abuse

# Past-focused Approaches

- Primarily focus on telling the trauma story to understand the impact of the trauma on how a person functions today, experiencing emotions that were too overwhelming to experience in the past, and help in clients more effectively cope in the present with their traumatic experiences.
- Appropriate for clients who are stable in their recovery and have a histories of developmental trauma where much of the trauma has been repressed

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